## P08000014585

(Re	equestor's Name)	
(Ad	ldress)	<del> </del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000163838950

000163838350 12/24/09--01041--020 \*\*87.50

RA Rosepo

09 DEC 24 AM 10: 55
SECRETARY OF STATE AHASSEE, FLORIDA

RODENT DEC 3 4 7HBI

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Island Glow Tanning (Name of Corporation)
	· · · · · · · · · · · · · · · · · · ·
DOC	UMENT NUMBER: P08000014585
The er	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Timo	othy J. Couzins
	(Name of Person)
Islan	d Glow Tanning, Inc.
	(Name of Firm/Company)
273	West Rd.
	(Address)
Ocoe	ee, FL 34761
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Timo	thy J. Couzins at ( 407 ) 929-7245 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
7.70
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Timothy J. Couzins
(Name of Registered Agent)
hereby resigns as Registered Agent for Island Glow Tanning, Inc.
(Name of Corporation)
P08000014585
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.
Jimothy J. Courses (Signature of Resigning Agent)
(Signature of Resigning Agent)
f signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314